

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042532

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 1002

Registrar's No.

STATE FILE NUMBER

149
FILED NOV 16 1962

5562

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY, MISSOURI

Length of stay in 1b

71 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

VA HOSPITAL, KC, MO.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR
TOWN

KANSAS CITY, MO.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

816 West 44th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JOHN

Middle

JOSEPH

Last

CASSIDY

4. DATE
OF
DEATH

Month

Day

Year

October 31, 1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☒

8. DATE OF BIRTH

7/23/91

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10b. KIND OF BUSINESS OR INDUSTRY

COUNTY GOV.

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Christopher C Cassidy

13b. MOTHER'S MAIDEN NAME

Catherine Kennedy

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) If yes, give war or dates of service

Yes

1918 to 1920

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

John J. Cassidy, 816 W 44th KC, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inanitation

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Lymphoma, retroperitoneal

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from 10/10/62

to 10/31/62

and last saw him alive on 10/31/62

Death occurred at 4:10 PM 10/31/62

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE WILLIAM K. GOBBLEY, M.D.

William K. Gobbley M.D.

22b. ADDRESS

Kansas City Mo.

22c. DATE SIGNED

11-2-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11-3-1962

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

Mellody-McGilley-Eylar

ADDRESS

20 W. Linwood
K. C. Mo.

25. DATE RECD. BY LOCAL REG.

11-2-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hayden K. Dickson

Licensed Embalmer No.

5120

P. O. Address

KC 14 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.